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| Case Number: | CM14-0071788 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 12/14/2010 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 03/31/2014 |
| Priority: | Standard | Application Received: | 04/08/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 42-year-old [REDACTED] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of December 14, 2010. The applicant has been treated with the following: Analgesic medications; attorney representations; anxiolytic medications; opioid therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated March 31, 2014, the claims administrator denied a request for an epidural steroid injection, denied a request for six sessions of physical therapy, approved a followup appointment, partially certified a request for Xanax, denied a request for Valium, denied a request for Flexeril, approved a request for Tylenol with Codeine, and denied a request for a topical compounded medication. The applicant's attorney subsequently appealed. In a July 23, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the right knee. The applicant also had paresthesias about the right hand, it was further noted. Operating diagnoses included chronic neck pain, chronic low back pain, and right-sided carpal tunnel syndrome. Physical therapy, aquatic therapy, home exercises, and p.r.n. usage of medications were endorsed. It was not stated whether or not the applicant was working. The attending provider did not discuss medication efficacy in his July 23, 2014 progress note. It is incidentally noted that it appears that the claims administrator had access to numerous records between December 2011 and March 26, 2014 which were not incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Lumbar Epidural Injection with Fluoroscopic Guidance for L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic Page(s): 46.

Decision rationale: While page 46 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does recommend epidural steroid injections as an option in the treatment of radicular pain, the California (MTUS) qualifies its recommendation by noting that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, it was not clearly stated whether or not the applicant had had prior epidural steroid injection therapy or not. The applicant's work status, functional status, and/or response to earlier epidural steroid injection therapy (if any) was not stated, either by the attending provider or the applicant's attorney. As noted above, many of the progress notes furnished to the Utilization Reviewer were not incorporated into the Independent Medical Review packet. Therefore, the request is not medically necessary.

6 Physical Therapy Visits post Lumbar Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99,8.

Decision rationale: While page 99 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does recommend a general course of 8 to 10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is qualified by commentary on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program so as to justify additional treatment and also by commentary in the MTUS-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 3, page 48, which states that a prescription for physical therapy should clearly convey treatment goals. In this case, however, the attending provider and/or the applicant's attorney have not outlined the applicant's response to earlier physical therapy treatment. The applicant's work status, functional status, and response to earlier physical therapy are unknown. Neither the applicant's attorney nor the attending provider stated what the purpose and/or treatment goals of additional physical therapy were, going forward. Again, the Independent Medical Review packet was sparse and did not incorporate the progress note or request for authorization in which this particular request was initiated. Therefore, the request is not medically necessary owing to lack of supporting information and/or supporting rationale.

Xanax 0.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines topic Page(s): 24,7.

Decision rationale: As noted on page 24 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Xanax are not recommended for long-term use purposes owing to a risk of dependence. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should tailor medications and dosages to the individual applicant taking into consideration applicant-specific variable such as "other medications." In this case, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would support provision of two separate benzodiazepines, Xanax and/or Valium. Indeed, the attending provider did not explicitly discuss selection and/or ongoing usage of either Xanax or Valium in the sole July 23, 2014 progress note provided. Therefore, the request is not medically necessary.

Valium: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines topic Page(s): 7,24.

Decision rationale: As noted on page 24 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not recommended for chronic or long-term use purposes as most guidelines limit usage of the same to four weeks. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should tailor medications and dosages to the specific applicant taking into consideration applicant-specific variable such as "other medications." In this case, the attending provider did not proffer any rationale which would support provision of two separate benzodiazepines on a long-term basis, Xanax and Valium. Therefore, the request is not medically necessary.

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. The applicant, here, is using a variety of analgesic and anxiolytic medications. Adding Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Topical Compound Cream (Ketoprofen 15%- Baclofen 4%- Cyclobenzaprine 2%- Gabapentin10%- Lidocaine 2%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111-112.

Decision rationale: As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, ketoprofen, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.